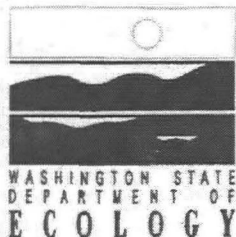


LDW5F
12.3.4/12.1
2-27-98



Dangerous Waste Annual Report Verification Form

1997

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	Data Entry	Verification
VF			
GM			
WR			
OI			

RECEIVED

RCRA Site ID: **WAD 044 036 747**
Company Name: **Long Painting Co**
Site Location: **8025 10TH AVE S**
City/State/Zip: **SEATTLE, WA 98108** County: **KING**
Dept. of Revenue Tax Registration Number: SIC : **1721**
Current company name if different from above: _____

DEC 22 1997

LONG PAINTING CO.

**This Report is
Due
No Later Than
March 2, 1998**

Please fill in any corrected information on the right hand column.

1a The mailing address for this site is:

1b

Name: Long Painting Co
Address: PO BOX 81435
SEATTLE, WA 98108-1335

Name: _____
Address: _____

2a The legal company/agency owner of this site is:

2b

Name: Anne Long
Address: PO BOX 81435
SEATTLE, WA 98108
Phone: (206) 763-8050 Ext: _____

Name: _____
Address: _____
Phone: _____ Ext: _____

Did the ownership of this site change in 1997?

☐ Yes Date: _____ ☒ No

I represent the ☒ Current Owner ☐ Previous Owner

This report covers waste activity for:

☒ Entire year ☐ My term of ownership only

3a The land owner of this site is:

3b

Name: Anne Long
Address: PO BOX 81435
SEATTLE, WA 98108
Phone: (206) 763-8050 Ext: _____

Name: _____
Address: _____
Phone: _____ Ext: _____

4a The contact for site visits and inspections is:

4b

Name/Title: John Carlson
Mail Address: PO BOX 81435
SEATTLE, WA 98108
Phone: (206) 763-8050 Ext: _____

Name/Title: _____
Address: _____
Phone: _____ Ext: _____

5a The contact for annual report forms is:

5b

Name/Title: John Carlson
Mail Address: PO BOX 81435
SEATTLE, WA 98108
Phone: (206) 763-8050 Ext: _____

Name/Title: _____
Address: _____
Phone: _____ Ext: _____

71678662



USEPA SF

Page 1 of 1



1410162

LP_01812

6. Last Reported Hazardous Waste Generator Status: LARGE QUANTITY GENERATOR (LQG)

Indicate the facility's generator status for 1997 by checking the appropriate boxes below. If the status has changed since last reported (above), please use the Comments section (#8, below) to explain.

6a. Generator Status

- ☒ Large Quantity Generator (LQG)
☐ Medium Quantity Generator (MQG)
☐ Small Quantity Generator (SQG)
☐ No regulated dangerous waste generated

6b. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
☐ Transporter for commercial purposes

6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)

- ☐ For waste generated at this facility
☐ For waste generated by other facilities

7. Report Summary

Please check off which forms are included in this report, if any, and provide the total number of pages. For electronic data submittal, please indicate method of your submission.

Paper Form Submittal

- ☒ Generation and Management (GM) Form
☒ Off-site Identification Information (OI) Form
☐ Waste Received (WR) Form

42 Total Number of pages submitted

Electronic Data Submittal

- ☐ Disk(s) included
☐ Data submitted on Internet

8. Comments

NONE

9. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.


I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink)

Name (print/type)

Date

Title


Mike Cassidy
2/27/98
President

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

OFF-SITE IDENTIFICATION INFORMATION FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many copies of this two-sided answer sheet as you will need.

PLEASE ENTER:

Your Site ID #: WAD 044036747

Site name: LONG PRINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Please complete this form if your facility received dangerous waste from off-site or shipped dangerous waste off-site during 1997.

Please type or print legibly in blue or black ink.

RCRA Site ID Number: CAD009452657

Name: ROMIC ENVIRONMENTAL TECHNOLOGIES

Address: 2081 BAY RD
E. PALO ALTO, CA 94303

Handler type: (Check all that apply.) ☐ Generator ☒ Transporter ☒ TSDR

RCRA Site ID Number: CAD000367755

Name: DIABLO TRANSPORTATION

Address: 5401 BYRON HOT SPRINGS RD
BYRON, CA 94514

Handler type: (Check all that apply.) ☐ Generator ☒ Transporter ☐ TSDR

RCRA Site ID Number: AZD009015389

Name: ROMIC ENVIRONMENTAL TECHNOLOGIES SW

Address: 6760 W. ALISON RD.
CHANDLER, AZ 85226

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☒ TSDR

Comments:

Page 3

PLEASE ENTER:

YOUR Site ID #: _____

Site name: _____

RCRA Site ID Number: _____

Name: _____

Address: _____

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

RCRA Site ID Number: _____

Name: _____

Address: _____

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

RCRA Site ID Number: _____

Name: _____

Address: _____

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

RCRA Site ID Number: _____

Name: _____

Address: _____

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

RCRA Site ID Number: _____

Name: _____

Address: _____

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

1997 OI

Page _____

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. **Then complete one answer sheet for each waste stream.**

PLEASE ENTER:

YOUR SITE ID #: WA0044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 340799 (optional)

A-2. SPILL CLEAN UP OF LINABOND WASTE

A-3. NONE

A-4. WTD2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 53

A-8. B 301

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 3000 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CA0009452657

M _____

M 1.32

M _____

M _____

3000

0

Page 18

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped
(mm/dd)

ii. Manifest Document Number

iii. Internal Tracking Code (optional)

iv. Designation Facility (TSDR)
RCRA Site ID Number

v. Quantity Shipped

12-9-97 20115 340799 CAD009452657 3000

1997 GM

C. Comments

Page 19

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WA0044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 300372 (optional)

A-2. PUMPABLE PAINT WASTES

A-3. D001 D006 D007 D008 F003 F005

A-4. W02

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 21

A-8. B 209

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 38900 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. 12/19 ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both CHECK WITH BRIAN

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR)
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009 452657

M _____

M 021

M _____

M _____

38,900

40%

Page 8

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD0440.36747

Site name: LONG PAINTTANK

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped (mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code (optional)	iv. Designation Facility (TSDR) RCRA Site ID Number	v. Quantity Shipped
1-29-97	46639	300372	CA0009452657	2400
2-11-97	46656	11	11	2400
2-25-97	46666	11	11	4400
3-11-97	46688	11	11	5000
3-28-97	46707	11	11	1500
4-11-97	46713	11	11	3500
5-16-97	46798	11	11	800
6-10-97	18452	11	11	1200
6-27-97	72478	11	11	3200
7-22-97	18476	11	11	800
8-5-97	18594	11	11	1500
8-26-97	18606	11	11	1200
10-8-97	20042	11	11	500
11-4-97	20101	11	11	2500
12-1-97	20253	11	11	3000
12-17-97	19316	11	11	5000

C. Comments

A-3: EXTRA CODE D035

Page 9

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 300373 (optional)

A-2. NON PUMPABLE PAINT WASTE AND STILL BOTTOMS

A-3. 0001 0006 0007 0008 0035 F003

A-4. WTO2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 21

A-8. B 209

A-9. ☒ ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 49255 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both CHECK WITH BRIAN

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452 657

M _____

M M052

49255

0

M _____

M _____

Page 4

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PRINTING

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped (mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code (optional)	iv. Designation Facility (TSDR) RCRA Site ID Number	v. Quantity Shipped
1/29/97	46639	30073	CA0009452657	2800
2-11-97	46656	11	11	3200
2-25-97	46666	11	11	400
3-11-97	46688	11	11	1000
3-28-97	46707	11	11	2500
4-11-97	46713	11	11	3000
5-16-97	46798	11	11	4800
5-30-97	18434	11	11	3200
6-10-97	18452	11	11	1600
6-27-97	72478	11	11	2400
7-22-97	18476	11	11	3500
8-5-97	18594	11	11	2500
8-25-97	18606	11	11	3200
10-8-97	20042	11	11	5455
11-4-97	20101	11	11	2200
12-1-97	20253	11	11	5000
12-17-97	19316	11	11	2500

C. Comments

A-3: EXTRA CODE: F005

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WA0044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. _____ (optional)

A-2. RECYCLABLE SOLVENTS DISTILLED ON SITE

A-3. D006 D007 D008 D035 F003 F005

A-4. W002 W102

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 21

A-8. B 203

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 1320 ☐ ST ☐ MT ☐ P ☐ K ☒ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. 6.5 ☒ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☐ Off-site ☐ Both

B-3. 8580 P M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDF)
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

WA0044036747

M _____

M 021

M _____

M _____

8580

80%

Page 6

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

A-3 ADDITIONAL CODES: D001
B-4 RECYCLING SOLVENTS BY DISTILLATION,
Still Bottoms DISPOSAL SHOWN ON PAGE 4

Page 7

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 340027 (optional)

A-2. GASOLINE SPILL CLEAN-UP

A-3. 0001 0018

A-4. WTO2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 53

A-8. B 301

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 5000 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR)
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAN009452657

M

M 043

5000

0

M

M

Page 10

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD 044036747

Site name: LENG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

Page 11

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

A. Description of Dangerous Waste Stream

A-1. 340112 (optional)

A-2. DIESEL FUEL SPILL COLLECTION WASTE

A-3. NONE

A-4. WTO2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 53

A-8. B 219

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 1000 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR)
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452657

M _____

M 051

1000

0

M _____

M _____

Page 12

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD 0440 36747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

A-8 DIESEL TRILL CLEAN UP

Page 13

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD 044036747

Site name: LONG PRINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 340041 (optional)

A-2. UNUSED ORGANIC LIQUIDS CONTAINING LEAD

A-3. DE08

A-4. WTO2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 58

A-8. B 219

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 800 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☐ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR)
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452657

M _____

M 042

800

0

M _____

M _____

Page 14

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD 0440.36747

Site name: LOWE PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

A-8 VARIOUS ORGANIC HOUSEHOLD ITEMS CONTAINING LEAD

Page 15

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

PLEASE ENTER:

YOUR SITE ID #: WA0844036747

Site name: LONG PRINTING

FOR ECOLOGY USE ONLY:

Date received: _____

A. Description of Dangerous Waste Stream

A-1. 340085 (optional)

A-2. ABSORBENTS WITH METHYL ETHYL KETONE

A-3. FG05 D035

A-4. WTD2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 53

A-8. B 319

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 900 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR)
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CA0009452657

M

M

M

M

043

900

0

Page 16

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD 044036747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

Page 17

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WA0044036747

Site name: LOWE PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream			
A-1. <u>335027</u> (optional)			
A-2. <u>SPILL CLEANUP OF BOILER CHEMICALS CONTAINING CADMIUM</u>			
A-3. <u>0006</u>		A-4. <u>WTO2</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	A-7. <u>A 53</u>	
A-8. B <u>302</u>	A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. M _____			
B. Waste Management Activities			
B-1. <u>300</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)			
B-1.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> Lbs/yd ³			
B-2. <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Both			
B-3. _____ M _____	B-3a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		B-3b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
B-4. i. Designated Facility (TSDF) ID Numbers	ii. System Code	iii. Quantity	iv. Recycling Percent
<u>CA0009452657</u>	M _____	_____	_____
_____	M <u>132</u>	<u>300</u>	<u>0</u>
_____	M _____	_____	_____
_____	M _____	_____	_____

Page 20

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD 044036747

Site name: KONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped
(mm/dd)

ii. Manifest Document
Number

iii. Internal Tracking Code (optional)

iv. Designation Facility (TSDR)
RCRA Site ID Number

v. Quantity Shipped

17-17-97

19370

335027

CAD009452657

300

1997 GM

C. Comments

Page 21

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

A. Description of Dangerous Waste Stream

A-1. 325370 (optional)

A-2. LAB PACK

A-3. _____

A-4. W02

A-5. ☐ EHW ☐ DW

A-6. ☒ No ☐ Yes

A-7. A 99

A-8. B 009

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 3760 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CA0009452657

M

M 129

3760

0

M

M

Page 22

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD 044036747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

B4 (iii) - VARIOUS TREATMENT METHODS FOR THIS LAB PACK

Page 23

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD 044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 342090 (optional)

A-2. LAB PACK

A-3. _____

A-4. WLD2

A-5. ☐ EHW ☐ DW

A-6. ☐ No ☐ Yes

A-7. A 99

A-8. B 009

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 41 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☐ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR)
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452657

M

M

M

M

121

41

0

Page 24

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD 044036747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

B4(iii) VARIOUS DISPOSAL METHODS

Page 25

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LEWIS PRINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 325362 (optional)

A-2. ABSORBENT CONTAMINATED WITH GASOLINE FROM SPILL CLEAN-UP

A-3. 0018

A-4. WTO2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 53

A-8. B 409

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 500 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452657

M _____

M 053

500

0

M _____

M _____

Page 26

DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD044036747

Site name: HONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

A-8: ABSORBENTS WITH GASOLINE RESIDUES

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GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD0440.36 747

Site name: LONG PRINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 306962 (optional)

A-2. SOLVENT PAGES USED IN CLEANING PARTS AND EQUIPMENT

A-3. F003 F005 D035

A-4. WTO2

A-5. ☐ EHW ☒ ADW

A-6. ☒ No ☐ Yes

A-7. A 19

A-8. B 409

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 2350 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAN009452657

M _____

M 053

M _____

M _____

2350

0

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DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WPD044036747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

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GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

PLEASE ENTER:

YOUR SITE ID #: WA0044036747

Site name: LEUNG PRINTING

FOR ECOLOGY USE ONLY:

Date received: _____

A. Description of Dangerous Waste Stream

A-1. 326513 (optional)

A-2. SODIUM HYDROXIDE SOLID WASTE

A-3. NONE

A-4. INTO 2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 99

A-8. B 3/9

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 400 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CA0009452657

M _____

M 121

400

0

M _____

M _____

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DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WRD044036747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

A-7: UNUSED PRODUCT
A-8: SODIUM HYDROXIDE SOLID

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GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 326516 (optional)

A-2. UNUSED CORROSIVE LIQUID (ISO REP 184)

A-3. 0002

A-4. WTO2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A _____

A-8. B 11D

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 200 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR)
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452657

M

M

M

M

121

200

0

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DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: 49D0440.36747

Site name: LONG PRINTING

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped
(mm/dd)

ii. Manifest Document
Number

iii. Internal Tracking Code (optional)

iv. Designation Facility (TSDR)
RCRA Site ID Number

v. Quantity Shipped

7-18-97 18470 326516 CAD009452657 200

C. Comments

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WA0044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 326515 (optional)

A-2. MIXED ACID WASTE

A-3. D002

A-4. W002

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 57

A-8. B 104

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 1020 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CA0009452657

M _____

M 121

1020

0

M _____

M _____

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DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: HONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: W90044036747

Site name: LONG PATENTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream			
A-1. <u>326574</u> (optional)			
A-2. <u>14400 FLUORIC ACID USED IN MASONRY CLEANING</u>			
A-3. <u>0002</u>		A-4. <u>W002</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	A-7. A <u>02</u>	
A-8. B <u>104</u>	A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. M _____			
B. Waste Management Activities			
B-1. <u>400</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)			
B-1.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> Lbs/yd ³			
B-2. <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Both			
B-3. _____ M _____	B-3a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	B-3b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
B-4. i. Designated Facility (TSDR) ID Numbers	ii. System Code	iii. Quantity	iv. Recycling Percent
<u>CAD009452657</u>	M _____	<u>400</u>	<u>0</u>
_____	M <u>121</u>	_____	_____
_____	M _____	_____	_____
_____	M _____	_____	_____

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DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WA0044036747

Site name: LONG PRINTING

B-5. If additional space is required, use continuation sheet on the following page.

i. Date Shipped
(mm/dd)

ii. Manifest Document
Number

iii. Internal Tracking Code (optional)

iv. Designation Facility (TSDR)
RCRA Site ID Number

v. Quantity Shipped

7-18-97 18470 326514 CAD009452657 400

1997 GM

C. Comments

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GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD0044036747

Site name: LONG PRINTING

FOR ECOLOGY USE ONLY:

Date received: _____

Be sure to reference the instructions as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream

A-1. 340090 (optional)

A-2. HYDROGEN PEROXIDE WASTE

A-3. D001 D002

A-4. WTO2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 04

A-8. B 207

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M _____

B. Waste Management Activities

B-1. 10 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. _____ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd³

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. _____ M _____

B-3a. ☐ Yes ☐ No ☐ DK

B-3b. ☐ Yes ☐ No ☐ DK

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

A20009015389

M _____

M 041

M _____

M _____

10 P

0

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DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

B-5. If additional space is required, use continuation sheet on the following page.

[illegible]

C. Comments

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Washington State Recycling Credit Romic Environmental Technologies Corporation

Please fax this form to Jeff Maxwell, Romic Washington, for completion (253) 926-6830

GENERATOR NAME: Long Painting Co. EPA ID#: WAD044036747

GENERATOR CONTACT NAME: John Carlson

ADDRESS: 8025 10th Ave. S. Seattle

TELEPHONE: (206) 763-8050 FAX: (206) 767-4076

AREA BELOW TO BE COMPLETED BY ROMIC PERSONNEL	
1. ROMIC PROFILE#: <u>306513</u>	1. Waste Form Code: _____ System Code: <u>M141</u>
WASTE DESCRIPTION: <u>Sodium Hydroxide</u>	PERCENT RECYCLED: <u>Ø</u>
2. ROMIC PROFILE #: <u>311099</u>	2. Waste Form Code: _____ System Code: <u>M061</u>
WASTE DESCRIPTION: <u>Parts Cleaning Material</u>	PERCENT RECYCLED: <u>Ø</u>
3. ROMIC PROFILE#: <u>340056</u>	3. Waste Form Code: _____ System Code: <u>M061</u>
WASTE DESCRIPTION: <u>Waste Oil</u>	PERCENT RECYCLED: <u>Ø</u>

Authorized Romic Employee: Jeff Maxwell Title: Project Coordinator

Authorized Romic Signature: J Maxwell Date: 2/28/98

PLEASE RETAIN A FILE COPY FOR FIVE YEARS

ROMIC ENVIRONMENTAL TECHNOLOGIES CORP. - 4500 15th ST E. Unit A - Tukwila, WA 98148 - (253) 926-6830

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02/26/1998 10:56 2066277712

ROMIC:ON

PAGE 03

Washington State Recycling Credit
Romic Environmental Technologies Corporation

AREA 1: WASTE DESCRIPTIONS BY ROMIC PROFILE	
4. ROMIC PROFILE#: <u>345235</u>	4. Waste Form Code: _____ System Code: <u>M141</u>
WASTE DESCRIPTION: <u>Un-used Hydrogen Peroxide</u>	PERCENT RECYCLED: <u>Ø</u>
5. ROMIC PROFILE#: <u>326515</u>	5. Waste Form Code: _____ System Code: <u>M121</u>
WASTE DESCRIPTION: <u>Mixed Acids</u>	PERCENT RECYCLED: <u>M021</u>
6. ROMIC PROFILE#: <u>300372</u>	6. Waste Form Code: _____ System Code: <u>40</u>
WASTE DESCRIPTION: _____	PERCENT RECYCLED: _____
7. ROMIC PROFILE#: _____	7. Waste Form Code: _____ System Code: _____
WASTE DESCRIPTION: _____	PERCENT RECYCLED: _____
8. ROMIC PROFILE#: _____	8. Waste Form Code: _____ System Code: _____
WASTE DESCRIPTION: _____	PERCENT RECYCLED: _____
9. ROMIC PROFILE#: _____	9. Waste Form Code: _____ System Code: _____
WASTE DESCRIPTION: _____	PERCENT RECYCLED: _____
10. ROMIC PROFILE#: _____	10. Waste Form Code: _____ System Code: _____
WASTE DESCRIPTION: _____	PERCENT RECYCLED: _____
11. ROMIC PROFILE#: _____	11. Waste Form Code: _____ System Code: _____
WASTE DESCRIPTION: _____	PERCENT RECYCLED: _____
12. ROMIC PROFILE#: _____	12. Waste Form Code: _____ System Code: _____
WASTE DESCRIPTION: _____	PERCENT RECYCLED: _____

ROMIC ENVIRONMENTAL TECHNOLOGIES CORP. - 4600 15th ST E, Unit A - P.O. Box 90424 - Gresham, OR 97030-0424

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END OF REPORT
(Attach this page as the last page of your submission)

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